



Internal Use Only: Permit # _____

CONCEALED WEAPON PERMITS

Internal Use Only: Last, First Name _____

Directions:

- Complete the attached application.
 - Please do not sign your application until your appointment.
 - List Three References and have them fill out reference sheets at back of application.
- Once application fully completed, call the Sheriff's Office at **266-3441** to set up an appointment.
 - Appointments will only be scheduled on Wednesdays.
- Come to appointment:
 - Please be prepared to provide your proof of certification at appointment.
 - You will also be fingerprinted so make sure to plan accordingly.

Fees:

- New CWP: \$50.00
- Renewals: \$25.00

If paying by check, please make check out to: **BROADWATER SHERIFF'S OFFICE**

Expiration: _____

Scheduled appointment:

Date: _____

Time: _____

CONCEALED WEAPON PERMIT APPLICATION

The Sheriff will require first time applicants to provide certification from an approved weapons training program and may require renewal applicants at the Sheriff's discretion, to recertify through an approved weapons training program.

To be completed by each person making application:

Resident of Montana at least 6 months

Yes_____ No_____

Citizen of the United States

Yes_____ No_____

18 Years of age or older

Yes_____ No_____

Please type or print:

Last Name_____ First Name_____

Middle Name_____

Alias/Maiden/Nicknames_____

Address_____ City_____ State_____ Zip_____

Phones: Home_____ Work_____ Cell/Message_____

Employer_____ City_____ State_____ Zip_____

Date of Birth_____ Place of Birth: City_____ State_____

Driver's License # _____ Issuing State_____

Social Security # (OPTIONAL) _____ Sex_____ Hgt_____ Wgt_____ Eyes_____ Hair_____

List each former employer or business engaged in for the last 5 years:

Employer/Business

Name_____ Address_____ Date of Employment_____

Name_____ Address_____ Date of Employment_____

Name_____ Address_____ Date of Employment_____

Name_____ Address_____ Date of Employment_____

Name_____ Address_____ Date of Employment_____

List each place you have lived in the past 5 years:

City_____ State_____ Date of Residence_____

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City_____ State_____ Date of Residence_____

Military Service:

Branch _____ From _____ to _____ Type of Discharge _____ Rank _____

Have you ever been arrested for or convicted of a crime or found guilty in a court-martial proceeding? Yes___ No___

(If yes, complete the following (Exceptions: minor traffic violations) (Attach additional sheets if necessary) :

City _____ State _____ Charge _____ Date _____

City _____ State _____ Charge _____ Date _____

City _____ State _____ Charge _____ Date _____

List Three persons whom you have known at least 5 years that will be credible witnesses to your good moral character and peaceable disposition. (Note: These Names **MUST Match the Reference Forms at the back of this Application. DO NOT include relatives or present/past employers):**

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Please explain your reasons for requesting this permit. (Attach additional sheets if necessary.)

I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge and belief and is given with the full knowledge that any misstatement may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I authorize any person having information concerning me that relates to the information requested by this application and the requirements for a concealed weapon permit, either public record or otherwise, to furnish it to the sheriff to whom this application is made.

THIS APPLICATION MUST BE SIGNED IN THE PRESENCE OF THE SHERIFF OR A DESIGNEE

Signature

Date of Application

(2) The application must be in triplicate. The applicant must be given the original at the time the completed application is filed with the sheriff, the sheriff shall keep a copy for at least 4 years, and a copy must, within 7 days of the sheriff's receipt of the application, be mailed to the chief of police if the applicant resides in a city or town with a police force.

(3) The fee for issuance of a permit is \$50. The permit must be renewed for additional 4-year periods upon payment of a \$25 fee for each renewal and upon request for renewal made within 90 days before expiration of the permit. The permit and each renewal must be in triplicate, in a form prescribed by the department of justice, and must, at a minimum, include the name, address, physical description, signature, driver's license number, state identification card number, or tribal identification card number, and a picture of the permittee. A person in the United States armed forces satisfies the requirement of submitting a picture if the person submits pictures of the front of the person's military identification card and the person's Montana driver's license. The permit must state that federal and state laws on possession of firearms and other weapons differ and that a person who violates the federal law may be prosecuted in federal court and the Montana permit will not be a defense. The permittee must be given the original, and the sheriff shall keep a copy and send a copy to the department of justice, which shall keep a central repository record of all permits. Replacement of a lost permit must be treated as a renewal under this subsection.

(4) The sheriff shall conduct a background check of an applicant to determine whether the applicant is eligible for a permit under [45-8-321](#), may require an applicant to submit the applicant's fingerprints, and may charge the applicant \$5 for fingerprinting. A renewal does not require repeat fingerprinting.

(5) Permit, background, and fingerprinting fees may be retained by the sheriff and used to implement [45-8-321](#) through [45-8-325](#).

(6) A state or local government law enforcement agency or other agency or any of its officers or employees may not request a permittee to voluntarily submit information in addition to that required on an application and permit.

(7) All of the information on the application is confidential, and the sheriff shall treat the confidential information on the application as confidential criminal justice information pursuant to Title 44, chapter 5.

History: En. Sec. 2, Ch. 759, L. 1991; amd. Sec. 4, Ch. 581, L. 1999; amd. Sec. 7, Ch. 180, L. 2007; amd. Sec. 1, Ch. 111, L. 2013; amd. Sec. 1, Ch. 134, L. 2015.

45-8-323. Denial of renewal -- revocation of permit. A permit to carry a concealed weapon may be revoked or its renewal denied by the sheriff of the county in which the permittee resides if circumstances arise that would require the sheriff to refuse to grant the permittee an original license. A decision to deny an applicant a renewal must be made within 60 days after the filing of an application.

History: En. Sec. 3, Ch. 759, L. 1991; amd. Sec. 2, Ch. 134, L. 2015.

45-8-325. Permittee change of county of residence -- notification to sheriffs and chief of police. A person with a permit to carry a concealed weapon who changes the person's county of residence shall within 10 days of the change inform the sheriffs of both the old and new counties of residence of the change of residence and that the person holds the permit. If the person's residence changes either from or to a city or town with a police force, the person shall also inform the chief of police in each of those cities or towns that has a police force.

History: En. Sec. 5, Ch. 759, L. 1991; amd. Sec. 1709, Ch. 56, L. 2009.

The Attorney General's Office has determined that concealed weapons permits from the following states are recognized under Montana law:

Alabama	Louisiana	Oklahoma
Alaska	Maryland	Oregon
Arizona	Massachusetts	Pennsylvania
Arkansas	Michigan	South Carolina
California	Minnesota	South Dakota
Colorado	Mississippi	Tennessee
Connecticut	Missouri	Texas
Florida	Nebraska	Utah
Georgia	Nevada	Virginia
Idaho	New Jersey	Washington
Illinois	New Mexico	West Virginia
Indiana	New York	Wisconsin
Iowa	North Carolina	Wyoming
Kansas	North Dakota	
Kentucky	Ohio	

People who hold permits from the following states may not carry concealed weapons in Montana because their state laws do not expressly require background checks of permit applicants:

Delaware	Maine
District of Columbia	New Hampshire
Hawaii	Rhode Island

Vermont does not issue concealed weapons permits.

~~Office of the Sheriff / Coroner~~
BROADWATER COUNTY

519 Broadway
Townsend, MT 59644
Phone - 406-266-3441
Fax - 406-266-3762

CWP PERSONAL REFERENCE QUESTIONNAIRE

Date: _____

CWP Applicant's Name: _____

Reference Person Completing Questionnaire:

Full Name: _____

Address: _____

Day Time Phone Number: (_____) _____

1. How long have you known the applicant? _____
2. Is the applicant knowledgeable in the use of firearms, especially handguns? _____
3. Does the applicant exercise good judgment? _____
4. Is the applicant a threat to the peace or the good of the community? _____
5. Has the applicant ever been hospitalized or medicated for any type of mental disorder? _____
6. Does the applicant abuse alcohol or drugs? _____
7. Is the applicant a member of an anti- American organization or terrorist group? _____
8. Do you recommend that the applicant receive a concealed weapons permit? _____
9. Please explain why or not (reference question #8)

10. Are you a relative or present/past employer of the applicant? _____

Signature of reference completing questionnaire: _____

Witness: _____

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